

2004 I.S.P. YOUTH SERVICES CAMP APPLICATION



INSTRUCTIONS: (1) **Print Clearly** and complete all information. (2) Application must be received **2 weeks** before camp begins. (3) No “walk-ons” will be accepted. (4) Check the box to the left of the camp you have selected. (5) 20% of the camp fee is **NON-REFUNDABLE**. Requests for refunds are only considered when received in writing two weeks prior to camp.

Name				Address			
City			State	Zip	Home Phone #:		
Camp Number	Age	Shirt Size	Birthdate: (year, month, day)		Grade	Sex	Emergency Name and Phone # :
Sponsor Name (If Applicable)				Sponsor Address (If Applicable)			
City			Zip	Sponsor Contact Person			Check #

KIWANIS CAREER CAMP (Fee - \$170) Grades 9 - 12

- ☐ 1. Vincennes University - **Boys Only** (July 11 - 16) ☐ 2. Anderson University - **Girls Only** (July 11 - 16)

LIONS LAW CAMP (Fee - \$95) Co-ed Grades 7 - 8

- ☐ 3. Vincennes University (July 14 - 17) ☐ 4. Earlham College (July 14 - 17)

OPTIMIST RESPECT FOR LAW CAMP (Fee - \$75) Co-ed Grades 5 - 6

- ☐ 5. Hanover College (June 10-12) ☐ 6. Vincennes University (June 10-12) ☐ 7. Anderson Univ. (July 15- 17)
☐ 8. Taylor University (Ft. Wayne) (July 8-10) ☐ 9. Univ. of Southern Indiana (June 10-12)
☐ 10. Univ. of Indianapolis (July 29-31) ☐ 11. Notre Dame University (July 22-24)

PARENTAL CONSENT: As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, pursuant to the program and hereby release from any such liability the Indiana State Police and ISP Youth Services, that may arise due to participation in the ISP Youth Services programs.

X _____

(Parent or Guardian Signature)

MEDICAL INFORMATION IN THIS AREA MUST BE COMPLETED

As a parent or court appointed guardian of the applicant, I understand that first aid will be available at the conference and delegates will be closely supervised and if a serious injury/illness develops medical and/or hospital care will be given. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As a parent or guardian, I will assume all responsibility for medical cost incurred as the result of sickness or injury.

List **all medical conditions/medications** the camp director should be aware of: _____

Parent or Guardian Signature: X _____	
Street Address _____	City/ST/Zip _____
Insurance Carrier _____	Policy Number _____

Only Checks or Money Orders Will Be Accepted

Indiana State Police Youth Services

8500 East 21st Street, Indianapolis, IN 46219 Phone 317-899-8293 or Toll Free 888-477-9688

How did you learn about camp? _____

Have you attended an ISP camp before? ☐ Yes ☐ No If yes, which one _____